

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3330SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2010
NAME OF PROVIDER OR SUPPLIER MOUNTAINVIEW CARE CENTER AT BOULDER CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 601 ADAMS BOULEVARD BOULDER CITY, NV 89005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 4/14/10 and finalized on 4/15/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00025023 was substantiated with deficiencies cited. (See Tags 300 and 301) Complaint #NV00024599 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z300 SS=E	<p>NAC 449.74491 Prohibited practices</p> <p>1. A facility for skilled nursing shall adopt and carry out written policies and procedures that prohibit:</p> <p>a) The mistreatment and neglect of the patients in the facility;</p> <p>b) The verbal, sexual, physical and mental abuse of the patients in the facility;</p> <p>c) Corporal punishment and involuntary seclusion; and</p>	Z300		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z300	Continued From page 1 d) The misappropriation of the property of the patients in the facility. This Regulation is not met as evidenced by: Based on interview, the facility failed to ensure a staff member did not use foul language in the presence of residents. Severity: 2 Scope: 2	Z300			
Z301 SS=E	NAC 449.74491 Prohibited practices 2. A facility for skilled nursing shall adopt procedures which ensure that all alleged violations of the policies adopted pursuant to subsection 1 and injuries to patients of unknown origin are reported immediately to the administrator of the facility, to the bureau and to other officials in accordance with state law, and are thoroughly investigated. The procedures must ensure that further violations are prevented while the investigation is being conducted. This Regulation is not met as evidenced by: Based on interview, the facility failed to investigate and implement corrective action based on reports that a staff member used foul language in the presence of residents and failed to report allegations and the results of investigation(s) of verbal abuse to the Bureau. Severity: 2 Scope: 2	Z301			

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